

# SUBJOBBER'S QUARTERLY REPORT OF WISCONSIN TAX-PAID TOBACCO PRODUCTS PURCHASED



**Mail your completed report to:**  
Wisconsin Department of Revenue  
Mail Stop 5-107  
PO Box 8900  
Madison WI 53708-8900  
(608) 266-8970

Name (as shown on your permit)			Wisconsin Permit Number TPJ - _ _ _ _ _		Permit Cancellation: <input type="checkbox"/> Cancel my permit effective _____  Indicate reason for cancellation: <input type="checkbox"/> Discontinued <input type="checkbox"/> Owner deceased <input type="checkbox"/> Incorporated <input type="checkbox"/> Partner added/dropped <input type="checkbox"/> Sold to _____	
dba			Federal Employer ID No. (and social security # if sole proprietor)			
Address			Report for Quarter/Year Ending:		Check box if: <input type="checkbox"/> Name change <input type="checkbox"/> Address change  Advise us in writing when you cease operating or have any change to your name, address or ownership.	
City	State	Zip Code	<input type="checkbox"/> March 31, _____ <input type="checkbox"/> June 30, _____ <input type="checkbox"/> Sept. 30, _____ <input type="checkbox"/> Dec. 31, _____			

Subjobbers may only receive tax-paid tobacco products from persons in Wisconsin holding a tobacco products permit issued by the Wisconsin Department of Revenue. Subjobbers must complete this report on a quarterly basis and file it with the department. The report is due on or before the 15th day of the month following the end of the quarter and must be filed even when you do not have any transactions during a quarter. A \$10 penalty applies to each report that is filed late. Keep a copy of this report in your records for at least 4 years. The invoice price you enter on the schedule below is the purchase price before any discounts are applied. Do NOT include nontobacco products (eg., papers, lighters, pipes) or cigarettes.

Line	Invoice		Purchased From	Wis. Permit No. (TPD or TPJ) Enter 4 digit #	City	Invoice Price	
	Number	Date					
1						\$	
2							
3							
4							
5							
6							
7							
8							
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18							
19	<b>Subtotal brought forward from line 56 on the reverse side of this form</b>						
20	<b>TOTAL PRICE OF ALL TAX-PAID TOBACCO PRODUCTS PURCHASED</b> (add lines 1 through 19)					\$	

*I declare under penalties of law that I have examined this report and all attachments and to the best of my knowledge and belief, it is true, correct and complete.*

Signature of Permittee (or authorized agent)	Preparer's Name (please print or type)	Preparer's Phone Number (      )	Date
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If you have questions or need more reporting forms . . .

• Call (608) 266-8970

• Fax (608) 261-7049

• E-mail: [excise@dor.state.wi.us](mailto:excise@dor.state.wi.us)

Line	Invoice		Purchased From	Wis. Permit No. (TPD or TPJ) Enter 4 digit #	City	Invoice Price	
	Number	Date					
21						\$	
22							
23							
24							
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54							
55	If additional space is necessary to list all your purchases, attach a schedule and enter the subtotal of those purchases on this line.						
56	SUBTOTAL - Add lines 21 through 55. Enter here and on line 19 on the front of this form.					\$	